

Steps for Obtaining Class C Charter Certificate

- Step 1:** **Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**
- A. Complete all sections of the application (Form C-AC)
 - B. Provide all signatures as required
 - C. Application must be notarized in appropriate areas
 - D. If Applicant is incorporated, please attach Articles of Incorporation
 - E. Mail completed application to:
**Public Service Commission
Docketing Department
Post Office Drawer 11649
Columbia, SC 29211**
 - F. Contact the Office of Regulatory Staff Transportation Department at 803/737-0800 with any questions regarding the Certification Process.
- Step 2:** **Applicant is assigned a Docket Number**
- A. Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track Application status on Public Service Commission website: www.psc.sc.gov
- Step 3:** **Public Service Commission Action**
- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
 - B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
 - C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.
- Step 4:** **Compliance with Public Service Commission Rules and Regulations**
- A. License Decals**
 - 1. Mail payment (cash, money order, certified or cashier's check, **NO PERSONAL CHECKS OR COMPANY CHECKS**) for license decals with completed license decal application to:
**Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211**
 - B. Proof of Insurance**
 - 1. Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS by:
 - a. Faxing Form E to ORS at (803) 737-0801
 - b. Mailing hardcopy of Form E to:
**Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211**
- Step 5:** **Issuance of Certificate**
- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
 - B. Operation without the Certificate of Public Convenience and Necessity is prohibited.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant _____

(b) Mailing address, if different from street address _____

(c) Telephone Number _____ SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ **Year:** _____

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, _____ , _____
(Name of Applicant's Representative) (Title)

of _____ , the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____]

This the _____ day of _____ 20 _____]

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant _____

For the transportation of passengers as follows:

Area to be served: _____

Number of passengers: _____

Fares : _____

Date _____

By _____

Title _____

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

(Applicant)

Date: _____

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ **Fax No.** _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No _____

3. Are there currently any outstanding judgement (s) against Applicant?

Yes _____ No _____
(If "yes", indicate nature of judgement (s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes _____ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes _____ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires: _____

C. DUKES SCOTT
EXECUTIVE DIRECTOR

1441 Main Street, Suite 300
Columbia, SC 29204



Phone: (803) 737-0800
Fax: (803) 737-0801

DAN F. ARNETT
CHIEF OF STAFF

KATIE C. MORGAN
DIRECTOR

TELECOMMUNICATIONS, TRANSPORTATION, WATER/WASTEWATER

Re: New Definition of a Limousine

Dear Sir/Madam,

The new definition of a limousine is now officially the law. It reads as follows: A "Limousine" is a passenger carrier utilizing **luxury vehicles and/or vans** equipped to carry up to (15) passengers. A "Limousine" includes **sport utility vehicles** and **town cars**.

The Office of Regulatory Staff of South Carolina is presently enforcing the special limousine license plate on luxury vehicles and vans. **Effective September 1, 2002**, we will begin enforcing the special limousine license plate for sport utility vehicles and town cars as well.

The following items must be provided in order to obtain the new plate:

- Payment of personal property taxes upon notice of the Renewal Notice/Tax Bill from the Office of County Treasurer.
- The Transportation Department of The Office of Regulatory Staff must be contacted and asked to send a date-stamped copy of the Class C-Charter Certificate of Public Convenience and Necessity to the S.C.D.M.V.
- Receipt of the \$49.00 license plate fee.

The \$49.00 fee for the specialized plate includes the \$25.00 special fee and \$24.00 for the regular license plate fee. If eligible, the second year biennial fee for the regular license plate will be refunded.

Fees should be made payable to and sent to:

S.C.D.M.V.

P.O. Box 1498

Blythewood, South Carolina 29016-0008

Any questions or comments concerning the Special Charter Limousine License Plate should be referred to S.C.D.M.V., Personalized Plates Department (803) 896-9638

Sincerely,

L. George Parker Jr.
Manager, Transportation Department

DEFINITION OF A

REQUIREMENTS FOR LS TAG

If the company does not have a tag for the vehicle, they will need to send the DMV the following:

- Copy of C Charter Certificate
- Title
- Bill of Sale
- Form 400
- Fees

If the company has a normal tag and they need to exchange it for an LS tag, they will need to send the DMV the following:

- Copy of C Charter Certificate
- Plates to exchange
- Fees

DMV mailing address is:

PO Box 1498
Blythewood, SC 29016-0008

Physical address is:

10311 Wilson Blvd.
Blythewood, SC

DMV Phone Number:

803-896-9638